MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

Substitute for Form PTO-1360
(For use with Form PTO/SB/06)

Application Number	Filing Date	☐ To be Mailed
10/544,231	02 August, 2005	
Applicant(s) FUJINE, TOSHIYUKI		Page 1 of 1

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT 03/04/08		AFTER SEC. AMENDMENT		CLAIMS	*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1			1				51						
2				1			52						
3				1			53						
4				(1)			54						
5				(1)			55						
6			1				56						
7							57						
8							58						
9							59						
10							60						
11							61						
12							62						
13							63						
14							64						
15							65						
16							66						
17							67						
18							68						
19							69						
20							70						
21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep			2				Total Indep						
Total Depend				4			Total Depend						
Total Claims			6				Total Claims						